## NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public aircraft accidents and incidents

BASI				<u></u>	0.711								
	t/Incident Loc						4	cident/Incid	ent Date/	Time			
	City/Place: Elka				State:	owa					1 77 '	1010	
ZIP: 52		Country: US			_ 5tate. <u>-</u>		Da	ite: <u>6/2</u> <i>mm/da</i>	<u>0/2019</u> t/vvvv	Lo	cal Time:	1018	
	42-50-49		Longitude: 91-2	2-56						Ti	me Zone: _	Central	
Builder			legrees:minutes:sed				C	ollision with	Othon Ain	anaft. (	Midair	0.0	
	1	0	0	,								<b>O</b> On-groun	
AIRC	RAFT INFO	RMATIO	N				1						
Registr	ation Number:	N6471F						□ IFR-Equip					
Manuf	ncturer: Cessr	na						Commerci		gnt			
Model:	150F						Μ	laximum Gr	oss Weigh	<b>t:</b> 1600		lbs	
Serial N	umber: <u>1056</u>	3071						eight at Tin	-				lbs
Year of	Manufacture:	1966					N	umber of Se	ats: 2		Flight Cre	ew Seats:	
Amateu	r-Built: OYes		<b>O</b> Kit/Plans Mal	ke:				abin Crew Sea					
	<b>⊙</b> No	(	Original Design				N	umber of Er	igines: <u>1</u>	-			
Catego	ry of Aircraft		irworthiness Ce	rtificate		Landing Ge				Engin	e Type (Se		
⊙Airpl OBallo		(Check all the Standard				(Check all the		<i>pply)</i> ractable		● Reci O Turt	procating	OLiqui OSolid	d Rocket
	o/Dirigible	🗹 Norma	1	ted		☐ Tricycle	Rei		ailwheel	O Turt			id Rocket
OGlide	r	Aerob				_ ·		_		<b>O</b> Turb	o Jet	ONone	
OGyro OHelic		Balloo				□ Amphibia □ Emergeno			igh Skid	O Turb O Elec		OUnkn	lown
OPowe	•						уг.			OFfee	unc		
ORock		Utility		Light-Spo		Hull			ki/Wheel	Fuel Sy	stem Type	(Reciprocatii	ng)
OUltralight Experi OUnknown			-	-	🗖 Other La	unch	n/Recovery Sys	stem	<b>⊙</b> Carb			Injected	
				n or Waiver (COA)    Unknown   □ None					nknown				
								Date	Rated Pow	er	Total	Time	Since:
г ·	F		Engine			acturer's		of Mfg.	<ul> <li>Horsep</li> </ul>	ower or		Inspection	
Engine Eng. 1	Engine Manufa Continental	cturer	Model/Series O-200-A		62731-5	Number 5-A		mm/dd/yyyy 02/02/1966	O lbs of 100	i nrust	(hours) 6281.7	(hours) 359.9	(hours) 1954.4
Eng. 2	Continionital		0 200 / 1		021011		_	02/02/1000	100		020111	000.0	1001.1
Eng. 3													
Eng. 4													
Last Ir	spection Type			Propeller 1 OFixed					Prop	eller 2		Fixed Pitch Controllable I	Pitch
<b>О</b> 100-Н	our OCont	inuous Airwo	orthiness					d Adjustable OGround Adju					
<b>O</b> AAIP	-	litional Inspec	ction	Manufacturer: McAuley			Manufacturer:						
● Annu			040	Model: Klip-Tip Met L Prop					Mode	el:			
Date Last Inspection: 06/28/2018 mm/dd/yyyy				ELT Installed: OYes ONo					Additional Equipment (Check all that apply)				
Airframe Total Time: <u>6281.7</u> hrs			If Yes:					□ AD	S-B Tame Para	rehute			
hou	s measured at (S	elect one)				er: Emergen	icy	Beacon C			ck Indicato	r	
OLast Inspection OTime of Accident/Incident			Model or Part No.: <u>EBC G7</u> TSO No.: <b>O</b> C91 (121.5 MHz) <b>O</b> C91a				1 <sub>2</sub> (121 5 MH	Aut	opilot				
Type of Maintenance Program (Select one)			150 110.		(121.3  WHZ) (406 MHz)		1a (121.5 MIT		a Recorde		Handheld De	Vice	
Annual			Was FL	– F still mo	unted in aircra	oft?		<b>DD</b> 1.		iltifunction		vice	
O Conditional (Amateur-built only) O Manufacturer's Inspection Program						inected to ante		2 OYes ONO Electronic Primary Flight Display					
O Other Approved Inspection Program (AAIP)			Did ELT	Activate	? OYes O	No			dheld GP ds Up Dis				
O Continuous Airworthiness				If active				<b></b>		oard Wea			
	, specify:			4		ocating Aircra	it:	UYes ONo			king Device	2	
Descrip	otion of Fire Ex	tinguishing	System	If not ac Indicate	ctivated: Reason					l Warning eo Record	System ing Device		
O Spec				multait	ixta3011.	☐ Impact Da ☐ Fire Dama		se.		er, Specif			
	-					Battery Ex		d/Damaged					
						🗹 Unknown							

<b>OWNER/OPERATOR INFORM</b>	ATION					
Registered Aircraft Owner		City: Elkader				
Name: Mark W. Koehn		State: lowa ZIP: <u>52043</u>				
Fractional Ownership Aircraft: O Yes C	No	Country: USA				
<b>Operator of Aircraft</b> Same As Re	gistered Owner	🗹 Same Address as Registered Owner				
Name:		City:				
Doing Business As:		ZIP:				
Air Carrier/Operator Designator (4 Charact	er Code):	Country:				
<b>Operating Certificates Held</b> (Check all that apply)	Regulation Flight Conducted Un					
<ul> <li>None</li> <li>Flag Carrier Operating Certificate (FAR 121)</li> <li>Supplemental</li> <li>Air Cargo</li> <li>Foreign Air Carriers (FAR 129)</li> <li>Rotorcraft External Load (FAR 133)</li> <li>Commuter Air Carrier (FAR 135)</li> <li>On Domand Air Taxi (FAP 135)</li> </ul>	OFAR 121 OFAR 135 OFAR 4 OFAR 125 OFAR 137 OFAR 4 OFAR 91 Special Flight O Non-US, Commercial	431 Non-Scheduled or Air Taxi O International				
<ul> <li>On-Demand Air Taxi (FAR 135)</li> <li>Commercial Air Tour (FAR 136)</li> <li>Agricultural Aircraft (FAR 137)</li> <li>Pilot School (FAR 141)</li> <li>Certificate of Authorization or Waiver (COA)</li> <li>Commercial Space Transportation License</li> <li>Other Operator of Large Aircraft</li> <li>ONon-US, Non-commercial</li> <li>OPublic Aircraft (<i>Select one</i>)</li> <li>OPublic Aircraft (<i>Select one</i>)</li> <li>OFederal</li> <li>O State</li> <li>O Local</li> <li>Unknown</li> </ul>		Purpose of Flight for FAR 91, 103, 133, 137 (Select one)         O Aerial Application       O Firefighting       O Unknown         O Aerial Observation       O Flight Test       O Unknown         O Air Drop       O Glider Tow       O Instructional         O Banner Tow       O Other Work Use       O Business         O Executive/Corporate       O Personal         O Executive/Lorporate       O exit init				
Revenue Sightseeing Flight	Air Medical Flight	O External Load O Skydiving				
O Yes ⊙ No	O Yes O No					
AIRPORT INFORMATION (Fill in	if accident/incident occurred on app	proach, landing, takeoff, departure, or within 3 miles of an airport)				
Airport Name: <u>Elkader</u>		Distance From Airport Center: 880 sm				
		Direction From Airport: south 17 degrees true				
<b>Proximity to Airport: O</b> Off Airport/Airstri		Airport Elevation: <u>932</u> ft. msl				
Runway Information		Condition of Runway/Landing Surface (Check all that apply)				
Runway ID: 35       (L/R/C) Length: 17         Runway/Landing Surface       (Check all that all tha	adam 🔲 Water	Image: Solution of Flam (kg) Entering of flam (kg) (Strategy (Str				
Approach/Departure Segment (Select one	)					
OTaxi OTakeoff OInitial Climb	OOn Instrument App bedure/Clearance OLanding	proach ODownwind OLow Approach OBase OG Around OFinal OAborted Landing (after touchdown) OCrosswind OUnknown				
<b>IFR Approach</b> (Check all that apply) ☑ None		<b>VFR Approach</b> (Check all that apply) □None				
ADF/NDB PAR SDF Sidestep VOR/TVOR ILS VOR/DME Localizer Only TACAN LOC-back course RNAV	MLSPracticeLDAGPSASRVisualContactCirclingUnknown	☐ Traffic Pattern       ☐ Stop and Go         ☐ Straight-In       ☐ Touch and Go         ☐ Valley/Terrain Following       ☐ Simulated Forced Landing         ☐ Go Around       ☐ Forced Landing         ☐ Full Stop       ☐ Precautionary Landing				

"FLIGHT CREWMEMBER 1" INFORMATION										
<ul> <li>"Flight Crewmember 1" Responsibilities at the Time of Accident/Incident</li> <li>● Pilot</li> <li>○ Co-Pilot</li> <li>○ Student Pilot</li> <li>○ Flight Instructor</li> <li>○ Check Pilot</li> <li>○ Flight Engineer</li> <li>○ Other Flight Crew</li> </ul>										
"Flight Crewmember 1" was	s pilot flying [	Yes 🗆 N	lo							
"Flight Crewmember 1" Ide	ntification									
First Name: Mark City of Residence: Elkader										
Middle Initial: <u>W</u>					State: <u>low</u>	/a		ZIP: <u>52043</u>	3	
Last Name: Koehn					Country:	USA				
Age at time of	Accident/Incider	nt: <u>62</u>	Date of B	irth:		m	m/dd/yyyy			
		С	ertificate Num	ber:						
Degree of Injury	Seat Occupi				straint Ty	pe			Inflatable F	Restraints
<ul> <li>None</li> <li>Fatal</li> <li>Minor</li> <li>Unknown</li> <li>Serious</li> </ul>	<ul> <li>Left</li> <li>Right</li> <li>Center</li> </ul>	O Front O Rear O Single	<b>O</b> Unknow	vn	Available O None		Used ONone		☑ Not Ins	
Pilot Certificate(s) (Check all	-	0.00			● Lap or ● 3-poin		OLap only O3-point	y	□ Installe □ Not De	
$\square$ None $\square$ Flight It		Commercial	🗖 US Mi	litary	O 4-poin	t	O4-point		Deploy	ed
Private Recreation	ional 🛛 🗖 A	Airline Transp	ort 🔲 Foreig		O 5-poin O Unkno		O 5-point O Unknov	vn	Unknov	vn
Student 🗆 Sport	L F	Flight Enginee	r		Ounking	, wit	O			
Principal Occupation N	Aedical Certifica	ate		M	edical Cer	tificate Va	lidity		Date of Las	st Medical
		Class 3		•		itations/wai		nknown	00/00/00	47
		Driver's Lice Unknown	ense (Sport Pilot		With limitat Special Issu	tions/waivers	s ON	Í/A	<u>06/29/20</u> mm/dd/yy	
Medical Certificate Limitati		Ulikilowii			Speelal 133a					
Must wear corrective lenses	UNS									
Wust wear corrective lenses										
Medical Certificate Special I	lssuance									
· ·										
Date of Last Flight Review		Flight	t Review Airc	raft						
or Equivalent, Including		-	Cessna	1410						
FAR 121/135 Checks:	04/05/2019		: 150F							
Aingles - Detine(-)	<i>mm/dd/yyyy</i> Other Aircraft				->	T				
Airplane Rating(s) (Check all that apply)	(Check all that ap			ent Rating( l that apply)	s)	(Check all	r Rating(s)			
□ None	☑ None	1.07	☑ None	······································		✓ None			Instrument	Airplane
✓ Single-Engine Land □ Single-Engine Sea	Airship Balloon		Airpla				e Single-Eng	ine 🗆	Instrument	
☐ Single-Englie Sea ☐ Multiengine Land	Glider		Helico			Gyropla	e Multi-Engii me		Helicopter Glider	
☐ Multiengine Sea	Gyroplane					D Powere			Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings			I			Student <b>E</b>	Indorsemen	nts (Include	dates)	
can fly local solo slight for next 90 days with limitation								nitations on		
						locations a	nd ceiling -	effective 4/	5/2019	
			Airplane		I				1	1
<b>Flight Time</b> (Enter appropriate number of hours in each box)		This Make	Single	Airplane			rument	D.(		Lighter
Total Time	Aircraft	& Model 227	Engine 227	Multiengine	Night	Actual	Simulated	Rotorcraft	Glider	Than Air
Pilot in Command (PIC)		100	100	1		-				
Time as Instructor	+ +	100	100		+	·			1	
This Make/Model						1				
Last 90 Days		13	13		(	)				
Last 30 Days	1 1	2	2		0	)				
Last 24 Hours		1	1		C	)				

"FLIGHT CREWMEMBER 2" INFORMATION										
"Flight Crewmember 2" Responsibilities at the Time of Accident/Incident         OPilot       OCo-Pilot       OStudent Pilot       OFlight Instructor       OCheck Pilot       OFlight Engineer       Other Flight Crew										
"Flight Crewmember 2" wa	as pilot flying 🛛 🗋	Yes 🗖	No							
"Flight Crewmember 2" Id	entification									
First Name:					City of Re	esidence:				
Middle Initial:								IP:		
Last Name:										
	Accident/Incident:									
Age at time of			rtificate Numb				, cici yyyy			
Degree of Injury	Seat Occupied	Cer			straint T	Type			Inflatable R	lagtuginta
O None O Fatal		OFront	<b>O</b> Unknow						innatable n	lestraints
O Minor O Unknown O Serious	ORight	ÖRear OSingle			Availab O Non O Lap	e	Used O None O Lap only	,	□ Not Inst □ Installed	
Pilot Certificate(s) (Check a	ll that apply)				O Lap O 3-po	•	O Lap only O 3-point	y I	□ Instance □ Not Dep	
□ None □ Flight		mercial	🗖 US Mil	litary	<b>O</b> 4-po		O 4-point		Deploye	
Private Recrea		ne Transpo	_ 0	ı İ	O 5-po O Unk		O 5-point O Unknow	'n	Unknow	vn
Student Sport		nt Engineer			•		•			
Principal Occupation	Medical Certificate			Me	edical Ce	ertificate Va	lidity		Date of Las	t Medical
O Pilot	O None O Cla					imitations/waiv		nknown		
		iver's Liceı known	nse (Sport Pilot	<i>J</i> /	With limi Special Is	tations/waivers	5 <b>O</b> N	/A		vv
Medical Certificate Limitar	• • • • •	kilowii			Speelal 13	suance				
Meulcar Certificate Linina										
Medical Certificate Special	Issuance									
Date of Last Flight Review		Flight	Review Airc	raft						
or Equivalent, Including		-								
FAR 121/135 Checks:	mm/dd/yyyy	Model								
Airplane Rating(s)	Other Aircraft R		-	ent Rating(	s)	Instructor	Rating(s)			
(Check all that apply)	(Check all that apply			that apply)	3)	(Check all th				
□ None	□ None		□ None			D None			Instrument A	
☐ Single-Engine Land ☐ Single-Engine Sea	☐ Airship ☐ Balloon		Airplar			Airplane	Single-Engir		Instrument H Helicopter	elicopter
☐ Multiengine Land	Glider					$\Box$ Amplane $\Box$ Gyroplan			Glider	
☐ Multiengine Sea	Gyroplane					D Powered	Lift		Sport	
	☐ Helicopter ☐ Powered Lift									
Type Ratings			1			Student Er	ndorsement	t <b>s</b> (Include d	ates)	
	1		Airplane					1	1	1
Flight Time (Enter appropria		nis Make	Single	Airplane			rument	-		Lighter
number of hours in each box)	Aircraft &	2 Model	Engine	Multiengine	Nigh	t Actual	Simulated	Rotorcraft	Glider	Than Air
Total Time Dilat in Commond (DIC)										
Pilot in Command (PIC)										
Time as Instructor This Make/Model										
Last 90 Days										
Last 30 Days					+					
Last 24 Hours										
									1	

Crew Name and Address     Seat Occupied     Injury       First Name:	ADDITIONAL FLIGHT CREWMEMBERS (Exclusive of cabin crew, complete the following information)											
Midde Initial:       State:       ZP:	Crew Name and Add	dress						Seat Occupie	d	Injury		
Middle Intality     State:     ZP     Origin     Orig	First Name:		City	of Resider	nce:							
Tast Name:	Middle Initial:		State	ð:		ZIP:			-			
Filed Certificate(s)     (Check all hus apply)     Inflatable     Restraint Type:     Inflatable     Inflatable       Byon     Byon     Artifies Transport     ICS Military     Oracegen     Orace     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Oracegen     Orace	Last Name: Country:							_	<b>O</b> Unknown			
Some       Fight Instructor       Commercial       US Military       Available       Used       Bit Instructor         Student       Spectralination       Total Fight Time at the Time       O None       O	Bilat Contificato(s)	(Classic applied						Restraint Ty	ne•			
□ Provace       □ Recreasional       □ Aritics Transport       □ Procegn       ○ Lag Cuby       ○ Lag Cuby       ○ Not Installed         Type Rating/Endorsement for       Accident/Incident Aircraft?       □ Ves       Not       Total Flight Time at the Time       ○ Lag Cuby       ○ Apoint								Available	Used			
□ Student     □ Sport     □ Flight Fight Fight Fight Fine at the Time of this Accident/Incident:     0.3-point     0.4-point	Private							-				
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       O Separation (S sparation)       O Separation (S sparation)       Deployed (Unknown)         Crew Name and Address       Seat Occupied       Injury         Pirst Name:       City of Residence:       ZIP       O Left (S region)       O None (S region)	Student   Sport   Flight Engineer							O 3-point				
Accident/Incident Aircraft?       Yes       No       of this Accident/Incident:       Inrs       OUMMAN       Common Parallel         First Name:	Type Rating/Endors	sement for		Total F	light Time at	t the Time		O 5-point	O 5-point	Deployed		
First Name:	Accident/Incident A	Aircraft? 🛛 Yes	🗖 No	of this A	Accident/Inci	ident:	hrs	<b>O</b> Unknown	<b>O</b> Unknown			
First Name:												
Private       State       ZIP:       Ormer       Ormer <t< td=""><td></td><td></td><td>City</td><td>ofReside</td><td>nce:</td><td></td><td></td><td>· · · ·</td><td></td><td></td></t<>			City	ofReside	nce:			· · · ·				
Last Name:								OCenter	ORear	<b>O</b> Minor		
Pilot Certificate(s) (Check all that apply)       Image: Commercial Student apply)       Used in the straint Type: Available Student apply in the stu								ORight	-	<b>O</b> Fatal		
Image: Student										<b>O</b> Unknown		
□ None       □ Flight Instructor       □ Commercial       □ US Millary         □ None       □ Aritin Transport       □ Foreign       ○ None       ○ None       ○ None       ○ None       □ ap Only         Type Rating/Endorsement for       ○ None       of this Accident/Incident:       □ hrs       ○ None       ○ None       ○ None       ○ None       ○ None       □ ap Only       ○ Apoint       ○ point       ○ Deployed         PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)       Inflatable       Restraints       Age         Mame and Address       Seat       Injury       Restraint       Yes       □ Unknown       ○ Unknown       ○ Unknown       □ Unknown         Middle Initial:       State:       ZIP       ○ Center       ○ None       ○ None       ○ None       ○ None       □ Unknown       □ Unknown       ○ Unknown	_				_							
Image: Student       Image: Sport       Image: Flight Engineer       One of this Accident/Incident and the Time of this Accident/Incident:       Image: Sport       Image: Sport </td <td></td> <td></td> <td>_</td> <td></td> <td></td> <td>-</td> <td></td> <td>O None</td> <td><b>O</b> None</td> <td></td>			_			-		O None	<b>O</b> None			
Type Rating/Endorsement for Accident/Incident Aircraft?       Total Flight Time at the Time of this Accident/Incident:       Or applyed Deployed       Not Deployed Deployed         PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)       Inflatable Restraint Type       Inflatable Restraints       Age         Name and Address       Seat       Injury       Restraint Type       Inflatable Restraints       Age         First Name:       Country:       Other       Other <th cols<="" td=""><td></td><td colspan="4"></td><td></td><td></td><td></td><td>Installed</td></th>	<td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td>Installed</td>									Installed		
Accident/Incident Aircraft?       Urst       Of this Accident/Incident:       Inst       Outnown       Outnown       Outnown       Outnown         PASSENGER(S) / OTHER PERSONNEL (Include cabin crew; continue on separate sheet if necessary)       Inflatable       Age         First Name:	Type Rating/Endors	sement for		Total F	light Time a	t the Time		O 4-point	O 4-point			
Name and Address       Seat       Injury       Restraint Type       Inflatable Restraints       Age         First Name:	••		□ No		-		hrs					
Name and Address       Seat       Injury       Restraint Type       Restraints       Age         First Name:												
First Name:       City :       OLeft       ONone       ONone       ONone       ONone       ONone       Duap Only       Installed       Installed       Installed       OChild Restraint         Ast Name:       Country:       OOther       Other       OLeft       ONone       ONone       ONone       OLen Only       Olap Only <td>PASSENGER(S)</td> <td>/ OTHER PERSC</td> <td>ONNEL (I</td> <td>Include c</td> <td>abin crew; c</td> <td>ontinue on s</td> <td>eparate shee</td> <td>t if necessary)</td> <td></td> <td>•</td>	PASSENGER(S)	/ OTHER PERSC	ONNEL (I	Include c	abin crew; c	ontinue on s	eparate shee	t if necessary)		•		
Middle Initial:		/ OTHER PERSC	<u>DNNEL (I</u>	Include c						Age		
Last Name:	Name and Address				Seat	Injury	Restraint T Available	'ype Used	Restraints			
OCrew       OPassenger       Other       Row:       Othation       Oradianova       Os-point	Name and Address	City :			Seat OLeft	Injury ONone	Restraint T Available ONone OLap Only	<b>Ype</b> Used O None O Lap Only	Restraints			
First Name:       City :       OLeft       ONem       None       Not Installed       Installed         Middle Initial:       State:       ZIP:       Other       OLeft       Ocenter       Oknown	Name and Address First Name: Middle Initial:	City : State:	ZIP:		Seat OLeft OCenter ORight	Injury ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point	Restraints	Under 5 years		
First Name:       City :       OLeft       ONone       ONone       ONone       OLap Only       Installed       Install	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point	Ype Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints	☐ Under 5 years I <i>If Under 5</i> , O Child Restraint		
Middle Initial:	Name and Address First Name: Middle Initial: Last Name:	City : State: Country:	ZIP:		Seat OLeft OCenter ORight OUnknown	Injury ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown	Restraints	☐ Under 5 years <i>If Under 5</i> , O Child Restraint O Lap-Held		
Last Name:	Name and Address First Name: Middle Initial: Last Name: OCrew	City : State: Country: OPassenger	ZIP: O Otl	her	Seat OLeft OCenter ORight OUnknown Row:	Injury ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None	Restraints	☐ Under 5 years 1 If Under 5, O Child Restraint O Lap-Held O Unknown		
OCrew       OPassenger       O Uher       Row:       O Unknown       O Unknown       O S-point       O S-point       O Lap-Held         First Name:	Name and Address First Name: Middle Initial: Last Name: OCrew First Name:	City : State: Country: OPassenger City :	ZIP: O Oth		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter	Injury None OMinor OSerious OFatal OUnknown ONone OMinor	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints	☐ Under 5 years I <i>If Under 5,</i> O Child Restraint O Lap-Held O Unknown ☐ Under 5 years		
First Name:       City :       City :       OLeft       ONone	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:	City : State: Country: OPassenger City : State:	ZIP: O Oti ZIP:		Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	☐ Under 5 years I Under 5, O Child Restraint O Lap-Held O Unknown ☐ Under 5 years I If Under 5,		
Middle Initial:	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:         Last Name:	City : State: Country: OPassenger City : State: Country:	ZIP: O Oti ZIP:	her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point	Restraints          Not Installed         Installed         Not Deployed         Deployed         Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held		
Last Name:       Country:       ORight       ORight       OSerious       O3-point       Image: O4-point       Image: O4-poi	Name and Address  First Name: Middle Initial: Last Name: OCrew  First Name: Middle Initial: Last Name: OCrew	City : State: OPassenger City : State: Country: OPassenger	ZIP: O Oth ZIP: O Oth	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: Row:	Injury ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O5-point O4-point O5-point OUnknown Available	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used	Restraints          Not Installed         Installed         Not Deployed         Unknown	□ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
OCrew       OPassenger       OOther       Oregination       OPataling	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         Pirst Name:	City : State: Country: OPassenger City : State: Country: OPassenger City :	ZIP: O Otl ZIP: O Otl	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft	Injury ONone OMinor OSerious OFatal OUnknown OSerious OFatal OUnknown ONone	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only OLap Only	Ype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only	Restraints          Not Installed         Installed         Not Deployed         Deployed         Installed         Not Installed         Installed         Not Deployed         Unknown         Deployed         Unknown         Installed         Not Deployed         Unknown	□ Under 5 years I <i>f Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years <i>I f Under 5,</i> ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years		
First Name:       City :       OLeft       ONone       None       None       None       None       None       Installed       Installed <th< td=""><td>Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:</td><td> City :  State: OPassenger  City :  State: Country: OPassenger  City :  State:</td><td>ZIP: O Oth ZIP: O Oth ZIP:</td><td>.her .her .her</td><td>Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight</td><td>Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious</td><td>Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point</td><td>Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point</td><td>Restraints  Not Installed Installed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Installed Not Installed Not Installed Not Installed</td><td>□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i>, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i>, ○ Child Restraint ○ Lap-Held ○ Unknown</td></th<>	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Middle Initial:	City : State: OPassenger City : State: Country: OPassenger City : State:	ZIP: O Oth ZIP: O Oth ZIP:	.her .her .her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight	Injury None OMinor OSerious OFatal OUnknown ONone OMinor OSerious OFatal OUnknown ONone OMinor OSerious	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point	Restraints  Not Installed Installed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Installed Not Installed Not Installed Not Installed	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years I <i>ff Under 5</i> , ○ Child Restraint ○ Lap-Held ○ Unknown		
Middle Initial:	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Last Name:         Last Name:         Last Name:         Last Name:	City : State: OPassenger City : State: OPassenger City : City : State: State:	ZIP: O Otl ZIP: O Otl ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point OUnknown Available ONone OLap Only O3-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 5-point O 5-point O 5-point O 5-point O 5-point	Restraints  Not Installed  Not Deployed  Unknown  Not Installed  Not Deployed Unknown  Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Deployed Unknown	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
Last Name:       Country:       ORight       OSerious       O3-point       O3-point       Image: Oserious       Image: Oserious       O3-point       Image: Oserious       Oserious       O4-point       Image: Oserious       Oserious       O4-point       Image: Oserious       Oceritation       Image: Oserious       Os	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         OCrew         First Name:         OCrew         OCrew         OCrew	City : State: OPassenger City : State: Country: OPassenger City : State: Country: OPassenger	ZIP: O Otl ZIP: ZIP: ZIP:	her her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OLeft OCenter ORight OUnknown Row:	Injury None Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O5-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O Lap Only O 3-point O Unknown Used	Restraints  Not Installed  Not Deployed  Unknown  Not Installed  Not Deployed Unknown  Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Deployed Unknown	□ Under 5 years I Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown □ Under 5 years If Under 5, ○ Child Restraint ○ Lap-Held ○ Unknown		
OCrew OPassenger OOther Row: OUnknown Of ata OS-point OS-point OS-point OS-point OLap-Held	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : State: OPassenger City : State: OPassenger City : State: OPassenger City : OPassenger City :	ZIP: O Otl ZIP: ZIP: ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight OUnknown Row: OLeft OLeft OLeft	Injury None Minor Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point O5-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O5-point O4-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O Unknown Used O None D Lap Only O 3-point O 4-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints  Not Installed  Not Deployed  Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Unknown         □ Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown		
	Name and Address         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         Middle Initial:         Last Name:         OCrew         First Name:         OCrew	City : State: OPassenger City : State: OPassenger City : State: Country: OPassenger City : City : City : State:	ZIP: O Oth ZIP: ZIP: O Oth ZIP:	her her	Seat OLeft OCenter ORight OUnknown Row: OLeft OCenter ORight	Injury None Minor Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown O None O Minor O Serious O Fatal O Unknown	Restraint T Available ONone OLap Only O3-point O4-point OUnknown Available ONone OLap Only O3-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point O4-point O4-point O5-point O4-point O4-point O4-point O5-point	Yype Used O None O Lap Only O 3-point O 4-point O Unknown Used O None O Lap Only O 3-point O 4-point O 4-point O 5-point O Unknown Used O None O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O Lap Only O 3-point O 4-point O 5-point O 4-point O 5-point O 4-point O 5-point O 1000000000000000000000000000000000000	Restraints  Not Installed Installed Not Deployed Deployed Unknown  Not Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Installed Not Deployed Unknown  Not Installed Not Deployed Unknown	□ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown         □ Under 5 years         If Under 5,         ○ Child Restraint         ○ Unknown         □ Under 5,         ○ Child Restraint         ○ Lap-Held         ○ Unknown		

FLIGHT ITINERARY	INFORMATIO	N							
Last Departure Point	Tim	e of Departure	Destinatio	on		Type Fligh	t Plan F	ïled	
Airport ID: <u>127</u>	Airport ID: <u>127</u>		Airport ID:	127		• None		O VF	
City: Elkader	Time	0930	City: Elka	der		O Company O Military		O IFI	R known
State: Iowa	Time	Zone: Central	State: low	State: lowa			VFK	Uon	KHOWH
Country: USA			Country: L			<b>O</b> VFR Activated?	OYes	<b>⊙</b> No	OUnknown
Type of ATC Clearance/Se	rvice (Check all that	annly)							
• •	Special VFR		ecial IFR		□ VFR Flight Foll	owing	Cruis	se	
	] IFR		R On Top		Traffic Advisory		🗖 Unkr	10wn / N	NA
Airspace where the acciden	t/incident occurred	(Check all that	apply)				Altitu	de of I	n-Flight
	Class G		itary Operations			1.4		rence:	0
	Demo Area Warning Area		port Advisory A Training Area	rea	☐ Air Traffic Conti ☐ Unknown	ol Area	982	2	ft msl
Class D	Prohibited Area	TR:	SA						
Class E	Restricted Area	☐ FAI	R 93						
WEATHER INFORM		ACCIDEN	T/INCIDEN	T SITE					
Source of Pilot Weather In	formation			Weather Ob	servation Facility				
( <i>Check all that apply</i> )	Com	2022		Facility ID:					
Flight Service Station				Observation Ti	me:				
TV/Radio	Inter	net							
✓ Automated Report ☐ Commercial Weather Service	DUATS) □ None (DUATS) □ Unk				Accident Site:				
☐ On-Board Weather		nown			Accident Site:			true	
<b>Basic Conditions</b>		Light Conditi	ion						
<b>⊙</b> VMC		ODawn	<b>O</b> Dusk	ODark	Night OUn	known			
OIMC		⊙Day	ONight	OBrig	ht Night				
O Unknown									
Sky/Lowest Cloud Condition		Ceiling			Temperature:		(C) or	73	(F)
	O Thin Broken O Thin Overcast	<ul> <li>None (Clear)</li> <li>Broken</li> </ul>	• None (Clear)• Obscured• Broken• Indefinite• Overcast• Unknown			(C	) or _	64	(F)
O Partial Obscuration	OUnknown					Altimeter Setting: <u>2981</u> in. Hg			
O Scattered					or MB				
Lowest Cloud Condition H	0	Ceiling Heigh	it	ft ogl					
	ft agl			ft agl					
Wind Direction	Wind Speed		Wind Gusts		Visibility	10	miles		
□ Variable	✓ Calm		🗹 Not Gustir	ng	RVR	:			
	Light and Varia	ıble				:			
-or- Direction: degrees true	-or- Speed:	kts	-or- Speed:	kts	Density Altitu		miles	A	
0				Kto			1	ft	L . )
Intensity of Precipitation O Light	<b>Type of Precipit</b> ☑ None	Drizzle	<i>finat apply)</i> Freezin	a Dain	Restriction to	visidinty (C. □ F		пат аррі	()
O Moderate	$\square$ Rain	□ Drizzle □ Ice Pellets			Blowing Du		Ground Fo	og	
<b>O</b> Heavy	$\Box$ Snow	□ Snow Pellet	ts 🛛 🗖 Ice Pell	ets Shower	Blowing Sa		laze		
⊙N/A OUnknown	□ Hail □ Rain Showers	□ Snow Grain □ Ice Crystals		g Drizzle	□ Blowing Sn □ Blowing Sp		ce Fog Smoke		
Oliknown			•		Dust		Jnknown		
Icing Forecast		Icing Actual			Turbulence				
Amount Type		Amount	Туре		Type (Check a	ll that apply)		verity	
<ul> <li>None</li> <li>N/A</li> <li>Trace</li> <li>Rime</li> </ul>		<ul> <li>None</li> <li>Trace</li> </ul>	O N/A O Rime		☑ None □ Clear Air			Light Modera	te
O Trace O Rime O Light O Clear		O Light	O Clear		🗖 Terrain-Indu			Severe	
O Moderate O Mixed		O Moderate	O Mixe			Turbulence		Extreme	e
O Severe O Unknov O Unknown	wn	O Severe O Unknown	<b>O</b> Unkr	ιοψη					
	AIDMET SICA			4		1			
NOTAMs (D and FDC),	AIRWIE IS, SIGN	ILIS, PIKEPS	s in effect at	the time of th	accident/incl	ient:			

#### DAMAGE TO AIRCRAFT AND OTHER PROPERTY

Aircraft Damage O None

O Minor

ge Substantial Destroyed

O Unknown

Aircraft Fire None In-Flight On-Ground

O Both Ground and In-Flight O Fire at Unknown Time O Unknown

#### Aircraft Explosion

None
 In-Flight
 On-Ground

O Both Ground and In-Flight O Explosion at Unknown Time O Unknown

**Description of Damage to Aircraft and Other Property** (Use additional sheet if necessary)

wings damaged -fusilage damaged -tail section torn off- prop damaged

### NARRATIVE HISTORY OF FLIGHT (Please type or print in ink)

Describe what occurred in chronological order, including circumstances leading to and nature of accident/incident. Describe terrain and include wreckage distribution sketch if pertinent. Attach extra sheets if needed. State departure time and and location, services obtained, and intended destination. Provide as much detail as possible.

George Tegeler gave me a car ride from I27 to C27. Then I did my preflight – no water when sumped – oil at 5 qts – fuel both tanks full – engine fired at first revolution. Warmed up engine – Checked mags – good – Carb heat good.

Took off to the north 36, climbed to 2500, stayed on 36 heading, got 3 miles south of I27, did a 180, flew over Littleport and the farm, did another 180 over Edgewood. Flew a 36 heading to I27, got to pattern altitude 1900, did radio call, set trim, carb heat 1700 rpm, did radio call, left down wind runway 35, checked windsock – was down, set flaps 10 degrees, left leg 35, set flaps 20, turned final at Fast Track, radio call, put plane at idle, went to full flaps at threshold, the plane was 50 feet AGL, middle of runway took carb heat off, went to full power, started reducing flaps to 10, stall horn went off, moved yoke forward to bring nose down, right wing hit tree top, landed on wheels in ruff wooded area 150 feet from end of south runway.

<b>RECOMMENDATION</b> (How could this	accident/incident h	ave been preve	nted?)			
Operator/Owner Safety Recommendation						
I should have put flaps up and give more	power quicker.					
MECHANICAL MALFUNCTION/	FAILURE (If mo	re space is nee	ded, contin	ue on separ	ate sheet)	
Was there Mechanical Malfunction/Failur (If yes, list the name of the part, manufacturer, part			.)			Total Time/Cycles On Part
						Hours
						Cycles
						Time Since This Part
						Inspected/Overhauled
						Hours
FUEL & SERVICES INFORMATI	ON					
Fuel on Board at Last Takeoff (Convert from pounds, as necessary)	<b>Fuel Type</b> <b>O</b> 80/87	0 115/145	0	L-4 D	<b>O</b> Other and if	
23 Gallons	O 100 Low Lead	O 115/145 O Jet A	Ó	Jet B JP8	O Otner, specir	У
	O 100/130	<b>O</b> Jet A-1	0	Automotive		
Other Services, if Any, Prior to Departure						
EVACUATION OF AIRCRAFT						
	a a 10		• • •			
Was an emergency evacuation of the aircr	-		] No	ah lagation		
<b>Method of Exit</b> – Describe how the occupan	its exited and now m	any occupants e	evacuated ea	ich location		
Opened door and got out						
OTHER AIRCRAFT - COLLISIO	N (If air or ground	collision occur	rred compl	ete this secti	ion for other air	craft)
	urer:				Ι.	Damage to Other Aircraft
						□ Destroyed □ Minor □ Substantial □ None
Registered Owner of Other Aircraft				er Aircraft		
Name:		1	Name:			
City:ZIP:		(	City:			
Country:		(	Country:		<u> </u>	

# ADDITIONAL INFORMATION (Please type or print in ink)

Use this space if additional space is needed for any answers.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE											
Date of this Report	Date of this Report Name of Pilot/Operator: Mark W. Koehn										
<u>07/16/2019</u> Signature:											
mm/dd/yyyy	<i>mm/dd/yyyy or</i> Check here to electronically sign this document										
If a Person Other the	If a Person Other than Pilot/Operator is Filing Report										
Name:				Title:							
	or Check here to electronically sign this document										
	FOR NTSB USE ONLY										
NTSB Accident/Incident No.Reviewed by NTSB Regional OfficeGAA19A363GAAID		Name of Investiga HICKS	itor	Date Report Received 16JUL2019							